



Hallandale Beach Neighborhood Improvement Corporation

400 South Federal Highway, Room 124

Hallandale Beach, Florida 33009

(954) 457-1377 Fax: (954) 457-1335

APPLICATION FOR AFFORDABLE HOMEBUYER PROGRAM

APPLICANT

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Monthly rent \$ _____ Living at this address since: _____ Date of birth: _____

Social Security Number: _____ - _____ - _____ Male Female How many will be living in new home?: _____

Marital status: Married Separated Unmarried (single, divorced, widow)

Please check one: White Black American Indian Hispanic Asian (Pacific Islander) Other _____

Are you female head of household? Yes No

Employer: _____ Address: _____

Contact Person for Income Verification: _____ Telephone # (_____) _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Position: _____ Employed since: _____

Monthly income: _____ Bonus: _____ Overtime: _____

Alimony/Child support: _____ Other (explain): _____

SS / Disability / Pension: _____ **APPLICANT'S TOTAL MONTHLY INCOME: \$** _____

CO-APPLICANT

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Monthly rent \$ _____ Living at this address since: _____ Date of birth: _____

Social Security Number: _____ - _____ - _____ Male Female

Marital status: Married Separated Unmarried (single, divorced, widow)

Employer: _____ Address: _____

Contact Person for Income Verification: _____ Telephone # (_____) _____

City: _____ State: _____ Zip: _____ Telephone: (_____) _____

Position: _____ Employed since: _____

Monthly income: _____ Bonus: _____ Overtime: _____

Alimony/Child support: _____ Other (explain): _____

SS / Disability / Pension: _____ **CO-APPLICANT'S TOTAL MONTHLY INCOME: \$** _____

TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

ALL OTHER HOUSEHOLD MEMBERS (Do not include Applicant and Co-Applicant listed on Page 1)

Name	Date of birth	Relationship	Gross monthly income

ASSETS (For Applicant, Co-Applicant, and Other)

Bank accounts: Checking, Savings, Retirement, Certificates of Deposit, etc. Use additional pages if needed.

Type of account	Bank/Institution	BALANCES			TOTAL
		Applicant	CoApplicant	Other	
Checking					
Savings					
Retirement					
Vehicles, boats					
Stocks					
Bonds					
Mutual Funds					
Other					

TOTAL \$\$ _____

LIABILITIES (For Applicant, Co-Applicant, Other)

Installment (Bank) loans; Auto loans; Credit cards; Student loans, Hospital bills, and other debt. Include child support and alimony payments (Rent, utilities, cable, should not be included)

(Place amounts under proper person)

Bank or Creditor	Applicant	CoApplicant	Other	Monthly payment	Balance due

TOTAL DEBT: \$ _____ \$ _____

CERTIFICATIONS

Applicant (s) represent that all of the above statements are true and correct and hereby authorize verification of the above information, references and credit records. I / we consent to the disclosure of such information for the purpose of income verification related to my / our application for housing assistance. I / we understand that any willful misstatements will be grounds for disqualification.

I/we understand that verification of my income will be verified with the employer(s) listed above.

I / we understand that this program provides assistance only to first time homebuyers and I / we state that I / we have not owned any property for the last three (3) years prior to this date.

I/we agree to participate in the promotion of this program, and agree to be interviewed and accept pictures to be taken.

I/we understand that if assistance is provided and a residence is not constructed or if I/we cease to occupy the property as my/our principal residence or if I/we sell the property, then the total assistance provided will be due and payable.

IN WITNESS WHEREOF, we have set our hands and seals this _____, 2004.

WITNESSES:

Print Name: _____ Applicant Date

Print Name: _____ Co-Applicant Date

STATE OF FLORIDA
COUNTY OF BROWARD

On _____, 2004, before me, the undersigned authority, personally appeared _____
_____ and _____ who are personally known
to me or produced _____ as identification, and executed this Application.

Notary Public